



ON MY WAY PRE-K Parent Agreement Form



I, _____ (insert your name)
parent/guardian of _____ (insert child's name), have enrolled my child
in an approved On My Way Pre-K provider and will fully participate in the requirements of
the pre-k grant program. I understand that the overall goal of this program is to provide
high quality preschool education to my child.

As a recipient of this program, I understand that my family will receive the following benefits:

- ☐ \$ _____ in program fees paid directly to my chosen Pre-K provider.
(Intake- insert grant award amount)
- ☐ Pre-k education for my child at an approved high-quality On My Way Pre-K provider.
- ☐ A kindergarten readiness assessment as part of an ISTAR-KR assessment
- ☐ Participation in Longitudinal Study following my child's developmental and academic progress through 3rd grade.
- ☐ Participation in Family Involvement & Engagement Activities provided by my selected Pre-K provider.

As a result of receiving these benefits, I agree to the following:

- ☐ My child will attend the program at least 85% of the days pre-k is offered
- ☐ My child will attend my selected pre-k program for the full duration of the program year. **I understand that I may not switch pre-k programs during the year.**
- ☐ I will allow my child to participate in the external evaluation conducted by researchers. This evaluation will include kindergarten readiness assessments and measuring of developmental and academic progress.
- ☐ I will participate in family engagement and involvement activities offered by my selected pre-k program including meetings with my child's teacher to discuss my child's progress.
- ☐ I will complete the necessary forms for my child to receive an Indiana Department of Education Student Test Number (STN).
- ☐ I understand that information from my child's grant application, excluding income, may be shared with my selected On My Way Pre-K provider.
- ☐ I agree to enroll my child in kindergarten next year.

By my signature I attest that I understand the following:

- ☐ On My Way Pre-K is an academic program and my child's attendance is important to his/her school readiness success.
- ☐ My participation in my child's education, including participation in the On My Way Pre-K program, is an important part of my child's school success.
- ☐ My failure to complete the requirements for participation may result in the termination of my child's grant.
- ☐ My child must attend the pre-k program located at the approved program address and for the full duration of the program listed on the Provider Information Form submitted for my child.
- ☐ A change in my family's county of residence may result in the termination of my child's grant.
- ☐ Providing incorrect or misleading information on any of the forms required by the On My Way Pre-K grant program, including but not limited to application documentation and attendance records, may result in immediate termination of my child's grant, repayment of any fees overpaid on behalf of my child and criminal charges if applicable.

(Printed Name)

(Child Name)

(Signed Name)

(Date)